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Country programme recommendation**

Azerbaijan

Addendum

Summary

The present addendum to the country note submitted to the Executive Board at its first regular session in January 1999 contains the final country programme recommendation for Board approval.

It contains a recommendation for funding the country programme of Azerbaijan which has an annual planning level of $1,000,000 or less. The Executive Director *recommends* that the Executive Board approve the amount of $4,519,000 from general resources, subject to the availability of funds, and $11,756,000 in supplementary funds, subject to the availability of specific-purpose contributions, for the period 2000 to 2004.

* E/ICEF/1999/15.

** The original country note provided only indicative figures for estimated programme cooperation. The figures provided in the present addendum are final and take into account unspent balances of programme cooperation at the end of 1998. They will be contained in the "Summary of 1999 recommendations for general resources and supplementary funding programmes" (E/ICEF/1999/P/L.16).

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Basic data

(1997 unless otherwise stated)

Child population (millions, under 18 years)	2.8
U5MR (per 1,000 live births)	45
IMR (per 1,000 live births)	34
Underweight (% moderate and severe) (1996)	10
Maternal mortality rate (per 100,000 live births) (1995)	37
Literacy (% male/female) (1995)	100/99
Primary school enrolment (% net, male/female)	../..
Primary school children reaching grade 5 (%)	..
Access to safe water (%)	..
Routine EPI vaccines financed by Government (%)	..
GDP per capita (US$)	510
One-year-olds fully immunized against:	
tuberculosis	94 per cent
diphtheria/pertussis/tetanus	95 per cent
measles	97 per cent
poliomyelitis	98 per cent
Pregnant women immunized against tetanus	..

The situation of children and women

1. The children and women of Azerbaijan continue to experience negative effects of the economic transition. Official statistics show that, while the economic crisis reached its nadir in 1995, the limited economic growth since then has not been sufficient to benefit the vast majority of families. Recent estimates indicate that 60 per cent of the population live in poverty; and it is not expected that the social sectors will benefit substantially from oil industry revenues before 2006.

2. The impact of the decade-old conflict over Nagorno-Karabakh continues to place an additional burden on Azerbaijan, with some 850,000 internally displaced persons (IDPs) and refugees present in the country, many living in camps. The IDPs and refugee populations are clearly among the most vulnerable and impoverished groups, with lower incomes, and higher mortality and morbidity rates than the rest of the population.

3. The negative social impact of the economic depression is evident in the widespread lack of access of children and women to quality social services. Despite Government efforts to maintain services at an acceptable level, basic social services such as health, education and social welfare have suffered from financial austerity measures. Azerbaijan ratified the Convention on the Rights of the Child in 1992. The National Law on the Rights of the Child, adopted in 1998, should be followed up by the development of specific legislation and implementation mechanisms.

4. Some national health-related indicators show positive trends. For example, expanded programme on immunization (EPI) coverage is estimated at over 90 per cent for children under one year old. At the same time, the incidence of vaccine-preventable diseases remains high. Although no polio cases have been reported since 1996, present acute flaccid paralysis (AFP) rates prevent the country from being certified as polio free. Tuberculosis and malaria cases are increasing significantly. Infant and under-five mortality rates (IMR and U5MR) are currently estimated at 34 and 45 per 1,000 live births, respectively. Diarrhoeal diseases and acute respiratory infections (ARI) remain the major killers of children under five years old.

5. Malnutrition and micronutrient deficiencies affect the entire population. Child nutrition remains problematic, with chronic child malnutrition (stunted growth) at 22 per cent. Almost one half of the children are anaemic, and 70 per cent suffer from iodine deficiency disorders (IDD) in 23 endemic districts out of a total of 59.

6. Although the maternal mortality rate is declining (37 per 100,000 live births in 1997), it is still far above the 1990 level. Women's health problems include high abortion rates,

and a high proportion of home and unattended deliveries. The Government has not yet adopted a policy to promote breastfeeding. Exclusive breastfeeding rates remain very low (only 17 per cent of women breastfeed exclusively for four months after giving birth).

7. By 1996, the proportion of gross domestic product spent on education had dropped to one fifth of the 1990 level. Teacher motivation has suffered as funds for salaries, school maintenance, teaching materials and training have decreased. Although reported gross enrolment rates remain high (over 90 per cent), non-attendance and drop-out rates are increasing. More children are failing to achieve basic competencies. Teaching remains teacher-centred and focused primarily on imparting only facts, further undermining children's interest in schooling. Poverty affecting many families is forcing a significant number of children to seek work instead of attending school. Only 20 per cent of children under six years old have access to pre-school education centres.

8. As social services deteriorate, an increasing number of children are in need of special protection. Although little data exist on children at risk, an increasing number of children are either living or working on the street. Although there has been no major change in the number of children in institutions, this may increase as more impoverished families place children in state care. The juvenile justice framework differs somewhat from the standards of the Convention on the Rights of the Child. Children in detention require special attention. The problems of adolescents and young people are of increasing concern, and include drug abuse, juvenile delinquency and adolescent pregnancy. Although official data currently indicate only 159 HIV/AIDS cases as of end-March 1999, under-reporting exists, and the increasing trend in the number of reported cases is alarming.

Programme cooperation, 1995–1999

9. The overall goal of the 1995–1999 programme of cooperation was to help the Government restore and maintain national capacity for providing basic services most critical for child survival and development. UNICEF built upon its earlier humanitarian interventions designed to assist Azerbaijan in dealing with the emergency needs of IDPs and refugees.

10. In health, UNICEF complemented other agencies in revitalizing health care, focusing on primary health care (PHC) reform in pilot districts. Nationwide replication, however, awaits a comprehensive evaluation and adoption of the model by the Government. The country continues to depend on external funding for EPI vaccines, with little progress to date towards self-sufficiency.

11. The household nutrition survey, supported by UNICEF, made a major contribution to national and donor understanding of the nutritional status of children, as well as to policies and plans to address the problem, especially micronutrient deficiencies. While no baby-friendly hospitals have been certified, UNICEF provided training to health workers in 40 hospitals.

12. UNICEF provided essential health supplies to emergency-affected populations, including those in refugee camps. These activities were conducted in cooperation with the World Food Programme (WFP), the World Health Organization (WHO) and local authorities. In the camps, UNICEF, WFP, the Office of the United Nations High Commissioner for Refugees (UNHCR) and camp management structures played a key role in establishing and operating pre-school education centres. Psychosocial rehabilitation was provided to alleviate the psychological and emotional disturbances which plagued many children as a result of armed conflict. Comparison of the first and last tests showed a weakening of negative indicators such as seclusion, aggression, fear and anxiety. A storybook that includes stories, songs, rhymes and games for IDPs was printed.

13. In education, a new school management and financing mechanism was introduced through a pilot project. These activities improved primary school coverage, and accessibility and affordability of primary education. As a result, school attendance in five pilot schools has increased by an average of almost 77 per cent, and teacher motivation has been enhanced.

14. In the area of special protection for children, a Foundation for Disadvantaged Children and Youth was established to support initiatives to reintegrate orphans and the disabled into mainstream society. The text of the Convention on the Rights of the Child was translated into the local language and widely distributed, as were films and spots on the main articles of the Convention.

Lessons learned

15. The review of past cooperation confirmed the importance of efforts to strengthen innovative national approaches, through a gradual shift from service delivery to institutional capacity-building, to enhance effectiveness and sustainability. In particular, UNICEF support to

humanitarian operations in Azerbaijan has yielded useful lessons for other programmes, including EPI and national immunization days.

16. The mid-term review (MTR) and other assessments have indicated the value of UNICEF collaboration with district authorities, especially with respect to PHC and education. Challenges remain, however, in cementing national ownership of these activities and in their replication to national scale. Joint planning, implementation, monitoring and evaluation of such activities with national partners are key to ensuring their acceptance for wider application.

17. UNICEF has had notable success in advocacy at both national and community levels. However, more efforts are needed to ensure the effective participation of communities, and especially of children and youth. In many sectors, programme planning and monitoring are constrained by a lack of reliable baseline data in traditional areas such as health and in respect of emerging social problems such as drug abuse, delinquency and working children. Programme planning is also constrained by a lack of formal evaluation studies of activities implemented to date.

Programme preparation process

18. The Deputy Prime Minister responsible for social affairs coordinated the preparation of the proposed programme of cooperation. The overall process began with the situation analysis of children and women, the findings of which were combined with the outcomes of the MTR. A committee was established to oversee the overall country programme development process, with a sub-committee responsible for the situation analysis.

19. Several intersectoral meetings, with relevant ministries, United Nations agencies, donors, non-governmental organizations (NGOs) and civil society institutions, were organized to identify the priorities and strategies for the new programme. The objectives of the programme are clearly derived from national development priorities and concluding documents of global summits and conferences. The comments made by the Executive Board on the country note, as well as the global medium-term plan for 1998–2001 (E/ICEF/1998/13 and corr.1), were taken into consideration. As a result, the process of preparing the programme was itself an example of the participatory approach enunciated by the Convention on the Rights of the Child.

Programme objectives and strategies

20. The Convention on the Rights of the Child, the goals of the World Summit for Children, the Azerbaijan National Law on the Rights of the Child and national development priorities form the overarching framework for the proposed programme of cooperation.

21. The principal objectives of the programme include: (a) to facilitate the realization of children's and women's rights; (b) to support the needs of vulnerable communities, and of the poorest and marginalized children and women; (c) to empower children, adolescents, families, communities and civil society through involvement in programme activities; and (d) to strengthen both social delivery systems and planning and implementation capacities of the Government, local authorities and NGOs in actions for children.

22. Programme strategies are built on the results of the cooperation and lessons learned in the previous programme cycle. UNICEF will aim to strengthen governmental capacities to guarantee the rights of children and women, and will promote the development and application of integrated strategies to address children's needs. UNICEF will facilitate Government efforts to decentralize essential services and enhance community participation and control. Service delivery, and especially emergency assistance, will continue with an expanded capacity-building component. Partnerships among the Government, NGOs and public institutions are considered a prerequisite for the effectiveness of interventions. Together with partners, UNICEF will advocate for full implementation of international conventions, including the Convention on the Rights of the Child and the Convention on the Elimination of All Forms of Discrimination against Women.

23. UNICEF will concentrate its support on five main programme components: health and nutrition; education; children in need of special protection; young people's health and development; and planning and policy development. The advocacy and communication component will be largely included in planning and policy development. Compared to the country note, a new programme on young people's health and development is introduced in view of the emerging trends in the country and as a follow-up to the comments of the Committee on the Rights of the Child on the national report. The planning and policy development programme will provide opportunities to facilitate a systematic dialogue with policy makers on national legislation and social policy reform.

Recommended programme cooperation, 2000–2004

Estimated annual expenditure

(In thousands of United States dollars)

	2000	*2001*	*2002*	*2003*	*2004*	***Total***
General resources						
Health and nutrition	262.0	262.0	262.0	263.0	265.0	1 314.0
Education	260.0	260.0	260.0	260.0	260.0	1 300.0
Children in need of special protection	114.0	114.0	114.0	114.0	114.0	570.0
Young people's health and development	100.0	100.0	100.0	100.0	100.0	500.0
Planning and policy development	167.0	167.0	167.0	167.0	167.0	835.0
Subtotal	**903.0**	**903.0**	**903.0**	**904.0**	**906.0**	**4 519.0**
Supplementary funding						
Health and nutrition	820.0	820.0	820.0	820.0	820.0	4 100.0
Education	540.0	540.0	540.0	540.0	540.0	2 700.0
Children in need of special protection	525.2	525.2	525.2	525.2	525.2	2 626.0
Young people's health and development	255.0	255.0	255.0	255.0	255.0	1 275.0
Planning and policy development	211.0	211.0	211.0	211.0	211.0	1 055.0
Subtotal	**2 351.2**	**2 351.2**	**2 351.2**	**2 351.2**	**2 351.2**	**11 756.0**
Total	**3 254.2**	**3 254.2**	**3 254.2**	**3 255.2**	**3 257.2**	**16 275.0**

Health and nutrition

24. UNICEF will continue to support national health reform and the decentralization of services, as well as national commitment for sustainable financing of EPI over the long term (Vaccine Independence Initiative). It will also support strengthening the standardization, collection and analysis of health information to provide a solid basis for planning and policy reform.

25. UNICEF will continue to assist the Ministry of Health, local health authorities, and local and international NGOs to strengthen first-level service delivery through the development of the referral system. Cost-effective interventions will be developed through the adoption of national policies in the control of diarrhoeal diseases and ARI, the two main killers of children under five years old. The reduction of maternal, infant and child mortality and morbidity rates will receive special emphasis.

26. UNICEF will collaborate with the United Nations Population Fund (UNFPA) on reproductive health (safe motherhood and neonatal care) and with WHO on polio eradication and malaria control. UNICEF will complement the activities of UNHCR and WFP during the transition from humanitarian to development assistance. The long-standing partnership with the United States Agency for International Development (USAID) on EPI and malaria control will continue. The inter-agency health coordination meetings, which were initiated by UNICEF during the previous programme cycle, will help to promote information and experience sharing. Private sector partnerships for PHC reform will be developed further.

27. Technical guidance will be provided to implement safe motherhood activities and to improve obstetric care. The

increase in unattended home deliveries will be addressed through the establishment of mother friendly and baby-friendly services. Service providers will receive training in antenatal and post-natal care. As a part of regional and global priorities, UNICEF will focus on maintaining high EPI coverage, controlling measles deaths and cases, and eradicating poliomyelitis, along with strengthening AFP surveillance. The Vaccine Independence Initiative will be introduced, and the Government is expected to assume responsibility for vaccine procurement and cover the full cost of vaccines in the period following the new programme cycle.

28. The high prevalence of malnutrition and micronutrient deficiencies will receive priority attention. Basic nutrition training, highlighting the importance of child feeding and care practices, will be provided to health service providers and communities. Growth monitoring will be introduced through growth wall charts and family growth cards.

29. UNICEF will support the universal iodization of salt to combat iodine deficiency disorders (IDD). Following a feasibility study, UNICEF will provide assistance for food fortification to combat iron deficiency anaemia. The promotion of exclusive breastfeeding and the Baby-Friendly Hospital Initiative will help to empower mothers. Efforts to combat nutritional and micronutrient deficiencies will require a strong information, education and communication component.

Education

30. In education, the programme objectives will include the integration of early child care and development (ECCD) approaches into both formal pre-schools and home-care practices, the practical development of the Better Parenting Initiative (BPI), and improvement of the quality of basic education. UNICEF will continue to be involved in the education reform process. The newly established Inter-agency Education Coordination Committee will bring together education-related national and international organizations to define ways and means to enhance cooperation among all the partners concerned.

31. While continuing support for formal pre-schools, especially through curriculum improvement, UNICEF will aim at empowering parents and families. Parents will be reached through the BPI multimedia training package. Materials will be broadcast on national and local television (both State and private channels), as well as in institutions, non-formal education centres, and maternity and paediatric units. An ECCD coordination council will be established in the Ministry of Education.

32. In basic education, incorporating life skills elements and advanced pedagogical practices will support the existing curriculum. Inter-active learning methodologies and practices will be introduced to increase learning effectiveness and to improve motivation and learning achievement. The participation of children and parents will also be encouraged to strengthen the quality of learning motivation. In-service training will be organized to upgrade the knowledge and skills of teachers.

Children in need of special protection

33. UNICEF will advocate for legislative reform and will continue to support alternatives to institutionalized child care. Major groups of concern include children without parental guidance, children whose development is hindered by disrupted family relations, handicapped children, those with behavioural disorders, abused and neglected children, children on the street, victims of exploitation and children in institutions.

34. Social sector professionals will be trained to identify children with special needs and to apply a systematic family approach to their development. Assistance will also be provided to increase capacities in health, social welfare and educational institutions, in particular in dealing with psychosocial rehabilitation. Activities will focus on IDPs and refugees, children with disabilities, and those with symptoms of chronic stress or trauma. UNICEF will work with UNHCR and the United Nations Development Programme (UNDP) on issues related to IDPs and refugees. Local NGOs will be involved in activities in respect of children on the street and child labour.

35. Assessments on the situation of children in institutions will be conducted to provide policy options in promoting the reintegration of children into families and society. A regular forum, with the participation of relevant ministries, child-care providers and communities will be organized to identify practical solutions. In addition, research will be undertaken on the scope and nature of child protection problems, including children on the street, children in conflict with law and child labour. Action plans for mobilizing civil society, governmental institutions and local authorities will be developed.

36. UNICEF will support the training of teachers and social workers dealing with disabled children, especially those who have communication difficulties. A core group

composed of government service providers and civil society organizations will be established to carry out educational activities and field visits.

Young people's health and development

37. The objective of this programme is to inform adolescents and young people about high-risk behaviour and its consequences. The programme will focus on young people most at risk, including IDPs and refugees, and impoverished and marginalized populations. The main programme strategy will be the empowerment and participation of young people. A collaboration with young people's organizations will be developed to promote the active participation of adolescents. UNICEF involvement in the HIV/AIDS country theme group will be further activated to assist the Government in developing a national plan of action for HIV/AIDS.

38. Activities will focus on the collection and analysis of data, and the use of this data to design communication and outreach activities for young people to empower them to adopt healthy lifestyles. Particular emphasis will be given to the increasing risk of sexually transmitted diseases, HIV/AIDS, the growing incidence of substance abuse and adolescent pregnancy. UNICEF will also assist in drawing up a national policy on adolescent health and development issues by an interministerial task force. The task force will also act as a youth coordination council. District-level counselling services for young people will be established, which will further promote the participation of young people.

Planning and policy development

39. The planning and policy development programme will promote the full incorporation of children's rights and cost-effective approaches into national and subnational planning and policy processes. The principal strategy will be to assist in adopting a national PHC policy that will be based on the experience gained from the health and nutrition projects as well as on the outcomes of the PHC reform implementation assessment. UNICEF will assist national partners in the development of national databases related to children's rights and will promote the use of the data for policy development and monitoring.

40. Special emphasis will be placed on advocacy for the protection of social services for children and women. Provisions of the Convention on the Rights of the Child, the Convention on the Elimination of All Forms of Discrimination against Women, and Education for All (EFA) will be used to promote and influence policy reforms in the health, education and social protection sectors. The ongoing process on health care reform will continue to involve the World Bank, UNDP, WHO, USAID, the International Federation of Red Cross and Red Crescent Societies, Relief International, Save the Children, *Medicines sans frontiers* (Doctors Without Borders), Children's Aid Direct and Mercy Corps International.

41. Activities will include technical assistance to improve statistics in the areas of health, education and social welfare, as well as for strengthening the capacity of the national statistical system to collect and analyse information on the situation of children and women. A child information network under the State Statistics Committee will be established to ensure intersectoral cooperation in obtaining and utilizing data. The outcomes of the EFA 2000 Assessment will provide additional opportunities to build up more recent and relevant data. In cooperation with the World Bank, UNDP, the United Nations Educational, Scientific and Cultural Organization (UNESCO) and UNFPA, UNICEF will continue to support the Government in developing strategies in follow up on the findings of EFA 2000 Assessment. The enhanced database will include monitoring children's rights through an established set of indicators.

42. UNICEF will develop a strategy to support the emergency preparedness of national partners. As part of the Caucasus Area Office, UNICEF staff and key counterparts will participate in analyses and training to ensure the adaptability of programmatic responses, where necessary, and to prepare appropriate contingency plans. These activities will be undertaken within the context of the various programme components outlined above, but will be particularly supported through the planning and policy development programme.

Monitoring and evaluation

43. Information and monitoring mechanisms for measuring progress towards programme objectives will be set up early in the cycle. UNICEF will endeavour to ensure the participation of key partners, including government counterparts, donors, communities, and children and adolescents in regular field visits to assess progress and recommend adjustments. Annual reviews at the national level will be used to adapt programme activities for the

following year to help ensure that overall country programme objectives are met.

44. Evaluative activities will include assessments of the PHC reform project and of progress towards the end-decade goals. A series of studies on new and priority cooperation areas, including young people's health, HIV/AIDS, children's rights and the status of women will be conducted. The results of these evaluations and studies, together with the information from routine and annual monitoring, will form the basis for the MTR to be held in 2002.

45. Examples of the specific impact that the country programme is expected to make include the eradication of polio, the control of malaria and the elimination of IDD through universal salt iodization, and the reduction of iron deficiency anaemia. The introduction of active learning methodologies and decreasing the school drop-out rates in primary education are other major areas in which concrete results are expected.

46. Within the integrated monitoring and evaluation plan, key monitoring indicators will include IMR, U5MR, the number of polio cases and AFP rates, the incidence of malaria, trends in HIV/AIDS cases and the availability of young people's counselling services. The proportion of iodized salt consumption and prevalence of iodine deficiency anaemia will be two key indicators of micronutrient deficiencies. Rates of primary schooling, school drop out and completion, as well as learning achievement ratios, will provide data on measuring progress in education. An analysis of the National Law on the Rights of the Child will form the basis to review the legislative framework.

Programme management

47. The country programme will be managed by an assistant representative supervised by the area representative for the Caucasus countries. The proposed office structure will reinforce the rights-based approach, policy development and evaluation components. Strong programmatic and operational support will be provided by the area office for the Trans-Caucasus countries based in Georgia. Area-level support will also be provided for fund-raising activities and emergency preparedness.

48. The Cabinet of Ministers and intersectoral committees for each main component will coordinate programme implementation. These committees will include relevant governmental institutions, international and national NGOs, and United Nations agencies. Intended beneficiaries, representatives of youth organizations, donors and bilateral agencies will also participate as appropriate.

Collaboration with other agencies

49. UNICEF will continue to strengthen its cooperation with the other United Nations agencies, including UNDP, UNHCR, WHO, UNESCO and the World Bank, as well as with international and local NGOs. The programme cycles will be harmonized with UNFPA and UNDP for the years 2000-2004. Building on the 1999 Common Country Assessment, and the work of the United Nations Country Team, UNICEF will participate in the elaboration, implementation and monitoring of the proposed United Nations Development Assistance Framework for Azerbaijan. Where possible, donors will be increasingly involved in the planning, monitoring and evaluation of the programme of cooperation, with a view to increasing their focus on issues affecting the rights of children and mobilizing resources to address children's priority needs.

TABLE

COUNTRY : AZERBAIJAN
PROGRAME : 2000-2004

LINKAGE OF PROGRAMME BUDGET AND STAFFING/STAFF COSTS

PROGRAMME SECTION/AREAS AND FUNDING SOURCE	PROGRAMME BUDGET				POSTS a/										STAFF COSTS b/		
	GR	FSF	NSF	TOTAL	D2/L7	D1/L6	P/L5	P/L4	P/L3	P/L2	IP	NP	GS	TOTAL	IP	LOCAL	TOTAL
GENERAL RESOURCES :																	
HEALTH AND NUTRITION	1,314,000			1,314,000	0	0	0	0	0	0	0	2	1	3	0	400,570	400,570
EDUCATION	1,300,000			1,300,000	0	0	0	0	0	0	0	1	1	2	0	234,148	234,148
CHILDREN IN NEED OF SPEC. PROTECT.	570,000			570,000	0	0	0	0	0	0	0	1	1	2	0	179,265	179,265
YOUNG PEOPLE'S HEALTH AND DEVELOPM	500,000			500,000	0	0	0	0	0	0	0	0	0	0	0	0	0
PLANNING AND POLICY DEVELOPMENT	835,000			835,000	0	0	0	0.3	0	0	0.3	0	1	1.3	242,293	95,446	337,739
TOTAL GR	4,519,000			4,519,000	0	0	0	0.3	0	0	0.3	4	4	8.3	242,293	909,429	1,151,722
SUPPLEMENTARY FUNDING :																	
HEALTH AND NUTRITION		0	4,100,000	4,100,000	0	0	0	0	0	0	0	0	0	0	0	0	0
EDUCATION		0	2,700,000	2,700,000	0	0	0	0.3	0	0	0.3	0	1	1.3	242,293	50,879	293,172
CHILDREN IN NEED OF SPEC. PROTECT.		0	2,626,000	2,626,000	0	0	0	0.3	0	0	0.3	0	0	0.3	242,293	0	242,293
YOUNG PEOPLE'S HEALTH AND DEVELOPM		0	1,275,000	1,275,000	0	0	0	0	0	0	0	0	0	0	0	0	0
PLANNING AND POLICY DEVELOPMENT		0	1,055,000	1,055,000	0	0	0	0	0	0	0	0	0	0	0	0	0
TOTAL SF		0	11,756,000	11,756,000	0	0	0	0.6	0	0	0.6	0	1	1.6	484,586	50,879	535,465
TOTAL GR & SF	4,519,000	0	11,756,000	16,275,000	0	0	0	0.9	0	0	0.9	4	5	9.9	726,879	960,308	1,687,187
SUPPORT BUDGET			Operating costs	376,265													
			Staffing		0	0	0	1	1	0	2	1	3	6	1,302,103	412,073	1,714,176
GRAND TOTAL (GR + SF + SB)					0	0	0	1.9	1	0	2.9	5	8	15.9	2,028,982	1,372,381	3,401,363
	Number of posts and staff costs:																
	Current programme cycle										3	5	8	16			
	At the end of proposed programme cycle (indicative only)										2.9	5	8	15.9	2,028,982	1,372,381	3,401,363

GR = general resources.
SF = supplementary funding.
FSF = funded supplementary funding.
NSF = new supplementary funding.
IP = international Professional.
NP = national Professional.
GS = General Service.
SB = support budget.

a/ Each post, regardless of its funding source, supports the country programme as a whole.
b/ Excludes temporary assistance and overtime.